

KEEP IT SAFE

BFFF QUARTERLY HEALTH AND SAFETY UPDATE

JULY 2013

Welcome to the BFFF quarterly Health and Safety newsletter 'Keep it Safe'.

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We do hope you find 'Keep It Safe' a valuable read.

Please contact BFFF on 01400 283096 or email joannahancock@bfff.co.uk if you have any health and safety issues or wish to receive additional/back copies



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BFFF HEALTH AND SAFETY INITIATIVES

HEALTH AND SAFETY SEMINAR 2013

This year's seminar took place on the 3rd July at the Ricoh arena and we are delighted to report that the event was a resounding success having sold out again this year with over 65 delegates attending. We have recently asked delegates for feedback on the event and we have received substantial positive feedback with members quoting:

'An excellent day packed with informative presentations and providing plenty of food for thought, along with some immediate take away actions'

'A great day with lots of useful information relating to our industry. Would recommend this to any business in our industry.'

'Another top class seminar, well researched, presented and received. Carry on, BFFF!'

We planned this year's event along the same lines as previous successful years whereby we organised a number of speakers to provide short sharp presentations on a multitude of topics relevant to our industry. This structure was once again well received by the delegates and the topics at this year's event included:

- HSE priorities and target areas for 2013/14
- BFFF Primary Authority Scheme and industry statistics
- Management of Contractors



- Dealing with the aftermath of a serious accident
- The pros and cons of implementing drug and alcohol policies
- Expert speaker on the effects of the cold environment on the body relevant to workers in our industry
- IOR Guidance on DSEAR for Ammonia refrigeration systems
- Keeping Engineers safe whilst working on refrigerated vehicles/trailers at height
- Forklift safety

Work has now begun on planning next year's seminar for the members

which will once again be held at the Ricoh Arena in Coventry on the 2nd July 2014. So please save the date. We would also like feedback from members on topics they wish to be included in next year's event so please e mail joannahancock@bfff.co.uk with your thoughts.

Guidance from this years' event is included within this edition of keep it safe and this year's presentations are available from the BFFF web site. <http://bfff.co.uk/health-safety/seminar/>



BFFF HEALTH AND SAFETY WORKING GROUP

We are delighted to welcome Paul Fenner, Health and Safety Director for Young's Seafoods Ltd to the BFFF Health and Safety Working group for the future. Paul's wealth of experience within health and safety management will once again strength our member services.

The Health and Safety working group met at the end of May and topics of discussion included the potential BFFF Primary Authority Scheme, the review of the BFFF guidance on Working in a cold store environment advice for employees, Fee for Intervention and its potential impact on members. The meeting was

rounded off with a very informative presentation from DHL on their drug and alcohol policies for cold store employees. Guidance coming out from some of these discussions have been included within this edition please contact Joanna Hancock if you would like more information.

BFFF members have been utilising the member advisory service run by the Health and Safety working group and we have received extremely relevant queries over the past few months. Topics included Fork lift training requirements, Company policies for employing young workers, recommended cold store clothing

and companies that can provide stress management assessments for individuals. All member queries are provided with an individual response and members details are kept completely confidential.

These queries are an important part of our health and safety service for the industry whereby industry issues are highlighted and then worked on by the group. So please feel free to e mail joannahancock@bfff.co.uk to understand how you can take advantage of this service. The service is completely confidential so please feel free to continue with your open approach.

BFFF MEMBER RESEARCH



As part of our decision process for the proposed Primary Authority scheme, BFFF commissioned for the first time a body of research for the members. The main objectives of the research were to gain a clearer understanding of:

- Members' current and most pressing issues in relation to health and safety, food standards and food hygiene regulatory enforcement.
- The nature, level and frequency of members' current engagement with Local Councils in relation to regulation compliance.

The research was conducted by Beaufort Research and involved a series of interviews with 122 member companies. We would like to thank

all members that took part in this valuable research and really appreciate your open approach and responses.

The results showed that the vast majority of participants were aware of our advisory services and guidance with an overwhelmingly positive feedback towards BFFF guidance. Examples were given of the guidance materials being used throughout the whole company, "from cleaners to the boardroom", indicating the practicality, relevance and accessibility of the materials. Participants also stated that BFFF guidance with legal backing would be of major interest and benefit to their businesses.

With the vast majority of the participants (81%) receiving routine inspections on the last three years and 43% of them annually, the members' feedback has pointed very favourably towards the proposed primary authority agreement for members. Nearly 70% of the respondents need external specialist resources in the primary authority categories and as such a dedicated Environmental Health Officer for the industry

giving assured advice was seen as a clear advantage.

In relation to the most pressing issues within Health and Safety, some participants pointed out that they were not so much issues they faced but general, ongoing priorities to ensure the smooth running of operations. However a number of ideas of new health and safety initiatives emerged from the indepth interviews. These included:

- BFFF translation service
- Case studies for tackling Slips and Trips
- Medicals tailored for the industry
- Electronic training tools
- Support for improving behavioural safety

The health and safety working group will be taking each if these suggestions in turn and discussing the next steps at the next health and safety meeting in September.

BFFF PILOT PRIMARY AUTHORITY

BRDO

Better Regulation Delivery Office

As I have mentioned within the research article, the results indicated favourably towards BFFF entering into a Primary Authority agreement for the members. Over the next few weeks we will be reviewing the outcomes of the research with the BFFF committees and will inform all members with the outcome of the decision as to whether we proceed.

In the meantime BFFF has continued to be part of the pilot working closely with the BRDO to shape the scheme and provide practical input on how the scheme could work for Trade Associations.

We thought we would take this opportunity to provide members with the answers to a couple of the frequently asked questions we have received regarding the scheme:

1. What is Primary Authority?

Primary Authority is a scheme introduced by the government in 2009 to address concerns raised by businesses about how they are regulated by local authorities in areas such as environmental health, licensing and trading standards legislation. Business concerns included contradictory advice, unfocussed activity, duplicated efforts, and the lack of effective dispute resolution when councils disagree.

Primary Authority enables a business to form a legally recognised partnership with one local authority, which is called its 'primary authority'. The primary authority can provide the business with robust and reliable regulatory advice which other local authorities take into account in their dealings with the business. In this way, Primary Authority promotes consistency and fairness in the way that local councils enforce regulations.

2. Can any business join the scheme?

At present, a business is eligible only where it is regulated by multiple local authorities.

However the eligibility criteria are being extended so that, regardless of whether a business is regulated by multiple local authorities, it will be able to join the scheme if it is part of a group of businesses in different locations, all of them following the same regulatory advice, provided to them, for example, by their trade association.

So for example, the single site meat products producer could be a member of a trade association that provides advice on health and safety compliance to all of its members. If the producer commits to taking account of this advice, then it can access the

scheme via its trade association.

It is expected that the changes to eligibility will come into effect from October 2013 and BFFF is working with Wakefield DC and the Better Regulation Delivery Office¹ to prepare for implementation.

3. Is Primary Authority backed by law?

Yes - the framework for the scheme is set out in the Regulatory Enforcement and Sanctions Act 2008. This legislation has recently been amended by two clauses in the Enterprise and Regulatory Reform Act 2013.

¹ The Better Regulation Delivery Office ('BRDO') administers Primary Authority. It is an independent unit within the government's Department for Business, Innovation and Skills and was set up to drive better delivery of regulation. See <http://www.bis.gov.uk/brdo> for more information

WHAT TO EXPECT FROM HSE IN 2013- SUMMER UPDATE

BFFF Health and Safety seminar provided delegates with a first hand account of HSE's activities relevant to our members for the forthcoming year.

Currently Government is undertaking its Triennial review of HSE looking at HSE's Function, Form and Governance. This review is being undertaken by an independent body and on this occasion is being led by Martin Temple from EEF (The Manufacturers Organisation). HSE survived the bonfire of quangos in May 2010 and our industry certainly hopes for positive results from the review which will be available within the next month.

The new spending review in Government starts in April 2015 with necessary savings of £11.8 billion needed across Whitehall. There will be a 9.5% cut in the Department of Work and Pensions budget and HSE are awaiting any relevant repercussions.

On the Government regulatory reform agenda, throughout the rest of this year HSE will be continuing to review its Guidance, Publications and ACOPS. In particular to BFFF members the following reviewed publications are available:

- Recipe for safety edition 4 which is widely used within the food industry is due in the Autumn of this year
- ACOP L117- Rider operated lift trucks is now updated and available on the HSE web site <http://www.hse.gov.uk/pubns/books/l117.htm>. See the article from the Fork Lift Truck Association for more information.
- HSG65. Successful H&S Management is now finalised and will be available later this year. This includes Core elements of managing H&S, Are you doing what you need to do? And also Delivering effective arrangements.

The outcomes of the Lofstedt review has resulted in a suite of new guidance at different levels of health and safety including:

Level 1: H&S made simple- basics for your business <http://www.hse.gov.uk/simple-health-safety/>

Level 2: H&S tool box- packed with simple straightforward advice on the most common workplace hazards <http://www.hse.gov.uk/pubns/books/hsg268.htm>

Level 3: HSG65 as mentioned above and will be available in the near future

The next steps for HSE to deliver from April 2013 are:

- Work at height guidance review
- National Local Authority Enforcement Code (consistency of approach)
- 2nd revocation package of outdated regulations
- Health and Safety prosecutions to get to court within 3 years.

HSE are also looking to deliver the following between October and December 2013:

- First Aid guidance- October 2013
- RIDDOR- October 2013
- Strict Liability- October 2013
- ACOPS review- November 2013
- Self- employed guidance- December 2013



LEGIONELLA INTERVENTION PROGRAMME 2013



As we reported within the last edition of Keep it Safe, HSE are undertaking a Legionella intervention programme with their aim of promoting sustainable compliance. One of their high priority and concern areas are Evaporative Cooling systems and they have classed these systems with a high risk rating. Their campaign will target the high risk areas and all businesses with Cooling towers and evaporative condensers will be inspected for compliance by the Enforcing Authorities.

The inspection campaign is still in the very early stages and HSE are not currently in a position to share trends, data and findings at this stage. However we will update members with the findings as soon as they are available.

In the meantime, BFFF continues to urge members to review their management systems in this area. Exposure to legionella bacteria causes serious health effects.

KEEPING ENGINEERS SAFE WHILST WORKING ON REFRIGERATED VEHICLES/ TRAILERS AT HEIGHT

This new area of guidance is being designed to support our industry by providing guidance to keep engineers safe whilst working at height on refrigerated vehicles and trailers.

The working group have been continuing with their hard work in this area and the first draft of the guidance was issued in May and reviewed at a Full Stakeholding meeting in June. This first draft reflects one fundamental principle that if work at height cannot be avoided, then 'personal fall restraint/prevention equipment should be used by all refrigeration engineers whilst working at height'. The working group representing all stakeholder groups is in full agreement in this area.

This first draft of guidance includes the following key elements:

- Introductory information- legislation, Selecting a competent contractor, Risk Assessments
- Key hazards for working at height on refrigerated vehicles/ trailers:
 1. Working environment
 2. Falls from height
 3. Drive away
 4. Deflectors

- Hierarchy of relevant work at height solutions
- Control Measures- for each key hazard
- Elements to consider for future builds
- Appendices

We received excellent feedback during our review meeting in June and the next step is for BFFF to make these necessary changes before the document is reviewed by the stakeholder group once more. We have lined up the enforcing bodies ready to review the document once we are at the final draft stage in the next few months.

In the meantime please feel free to contact Joanna Hancock if you would like to take part in this review.



BFFF MEMBERS' COLLATED HEALTH AND SAFETY INJURY STATISTICS 2012

We are delighted to enclose the most recent members' collated health and safety injury rate statistics for 2012 and we would like to thank all members who kindly shared their information with us. With 31 food producers, 20 wholesalers and 7 Logistic Service Providers all contributing to these

statistics we now have even more members taking part from an excellent cross section of the membership.

This first table shows the BFFF collated members' results as an average rate of injury per 100,000 employees. The changes in RIDDOR

reporting timeframes has meant that it is not possible to compare the Reportable accidents from 2012 to 2011 however next year we will be able to show some more useful data within this area.

SECTOR SPECIFIC INFORMATION							
SECTOR	NO. OF RESPONSES RECEIVED	AVERAGE Rate of injury per 100,000 employees for the sector					% CHANGE 2011-2012
		2008	2009	2010	2011	2012	
PRODUCERS All Accidents	31	19,016	17,446	20,828	17,953	18,909	5.3%
PRODUCERS Reportable only		1,489	1,261	1,673	1,609	942	-41.5%
WHOLESALEERS All Accidents	20	10,688	12,991	10,648	13,174	10,678	-18.9%
WHOLESALEERS Reportable only		1,354	1,736	1,990	2,168	1,433	-33.9%
LOGISTICS SERVICE PROVIDERS All Accidents	7	n/a	n/a	15,417	12,806	16,025	25.1%
LOGISTICS SERVICE PROVIDERS Reportable only		n/a	n/a	1,768	1,855	1,244	-32.9%

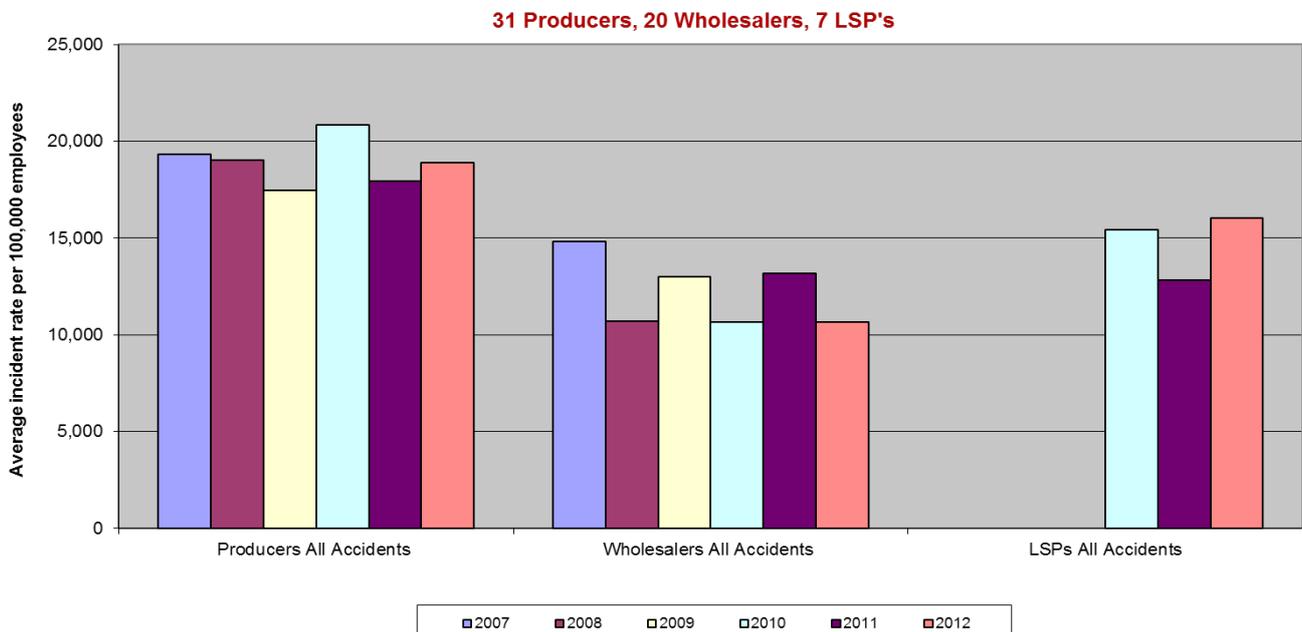
The table above only shows the data back to 2008, however BFFF has been collating members' statistics since 2007. The following chart shows the Average Health and Safety rates for members from 2007 to 2012. Encouragingly the results show that

when comparing 2007 figures to 2012, there has been an overall improvement in the accident rates for both Food Producers and Wholesalers within the BFFF. This is very encouraging for our industry and although we always strive for improvement we should note

that member's hard work is starting to pay dividends.

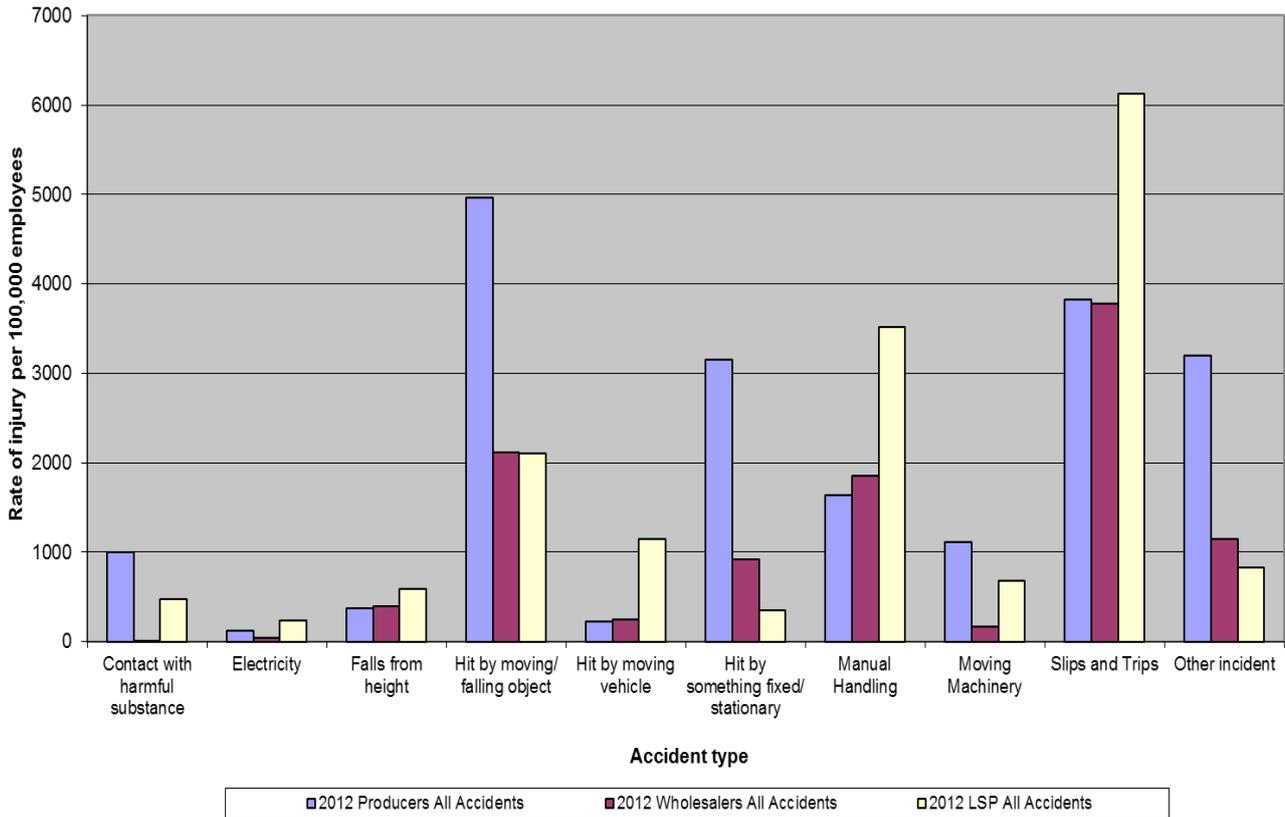
With regards to LSP's, as we have only been collating the information for the past three years it is early days to be able to show any specific trends.

Members Collated Average H&S Injury Rate Statistics for 2007 to 2012 All Accidents



Members will be aware that each year we collate the members' health and safety statistics within 10 category areas. The breakdown of the results for 'Members All Accidents average incident rate' is shown in the following chart:

Members all Accidents Breakdown 2012



The top 3 producer issues were:

- Hit by moving/falling object
- Slips and trips
- Hit by something fixed/ stationary

When compared to 2011 figures, total accidents within the Hit by Moving/falling object and Slips and Trips have increased, whereas accidents within the category Hit by something fixed/stationary have improved.

The Top 3 wholesaler and LSP issues were:

- Slips and trips
- Hit by moving/ falling object
- Manual Handling

Both manual handling and hit by

moving/falling object have improved for wholesalers whereas slips and trips have increased. For LSPs, hit by moving/falling object has improved but manual handling and slips and trips have also increased.

Accidents within the Slips and Trips category have continued to be a priority area for our industry and the statistics show that accidents have increased for our members over the last year. So the next stage in supporting our members to improve accident rates we will be asking the members that have contributed their statistics to provide us with more detail on the incidents within the top four categories. The working group will then look for any trending areas where a collated approach will support the membership.

We would welcome all members to take part in contributing to our members' health and safety statistics. Each individual company's data is kept completely confidential within the BFFF offices and all contributing members have the opportunity for an individual detailed breakdown. We shall look forward to gathering members' statistics for 2013 at the beginning of next year when comparisons against the 2012 results can be made in the different areas. Please feel free to contact Emma Cranidge for a detailed copy including the breakdown of the statistics for 2012 and further information on how you can become involved in the future on e mail emmacranidge@bfff.co.uk .

SAFETY FOCUS FEATURE

HEALTH SURVEILLANCE FOR COLD STORE WORKERS

For this edition we would like to provide the members with guidance on health surveillance for the industry.

The Purpose of Health Surveillance

The purpose of health surveillance is to ensure the protection of employees by the early detection of any ill effects on the health of employees caused by the work or the materials used for the work, with a view to ceasing, controlling or minimising the exposure of the person and preventing the effects.

Health surveillance is not intended to be a control measure in itself, but is intended to be a check that the control measures that are in place are functioning. If ill health is detected, it may mean that control measures have failed.

Legal Requirements

Many pieces of legislation have a specific and explicit requirement for health surveillance or medical inspections. The following outlines the main legislation applicable to cold stores:

Management of Health and Safety at Work Regulations 1999

Regulation 6 of the Management of Health and Safety at Work Regulations 1999 contains the requirement for health surveillance.

“Every employer shall ensure that his [or her] employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety which are identified by the (risk) assessment.”

Control of Substances Hazardous to Health Regulations 2002

Regulation 11 of COSHH states the following.

“Where it is appropriate for the protection of the health of his employees who are, or are liable to be, exposed to a substance hazardous to health, the employer shall ensure that such employees are under suitable health surveillance.”

Health surveillance is necessary where an employee is exposed to a substance or process listed in Schedule 6 to COSHH, Health

surveillance should take place in the following circumstances.

- There is an identifiable disease or adverse health effect which may be related to the exposure.
- There is a reasonable likelihood that this may occur under the particular work conditions.

Manual Handling Operations Regulations 1992

When undertaking a manual handling risk assessment, an employer must give consideration to the individual capability of persons undertaking that particular manual operation.

Working Time Regulations 1998

Under regulation 7 of the Working Time Regulations 1998, an employer shall not assign an adult worker to work which is to be undertaken during periods which will deem the worker a night worker, unless the employer has ensured that the worker has the opportunity of a confidential free health assessment before taking up the assignment.



Where the worker has already had a health assessment prior to doing similar work on an earlier occasion, and the employer has no reason to believe that the assessment is no longer valid, then it is not necessary to conduct another assessment. The employer shall also ensure that each night worker he or she employs has the opportunity of a free health assessment at regular intervals of whatever duration may be appropriate in each case.

Forms of Health Surveillance

Health surveillance takes different forms depending on the level of risk to the health of those exposed and the nature of the hazardous substance. Many pre-existing, non-work related health problems can be exacerbated by exposure to cold environments.

In the cold store environment, health surveillance includes the following:

- Collecting, maintaining and reviewing relevant health records.
- Where the disease or harm has obvious external signs, such as circulatory problems, there should be regular checks for

these by a responsible person with sufficient information to be able to recognise them. This could be a supervisor who has received additional training, first aider, qualified occupational health nurse or doctor.

- If the likelihood of disease is significant, health surveillance could involve enquiries, inspections and examinations by a qualified person, eg an occupational health nurse or doctor.

In workplaces where the risk of serious harm is low, it could be considered reasonable not to undertake any health surveillance beyond the recording of the details. This should not include any clinical information obtained from a medical professional, unless the employee has given informed consent (preferably in writing).

A risk assessment should identify an appropriate selection of medical tests and examinations to enable a decision regarding any damage to the health of these individuals. The selection of the tests and examinations is based on the hazards to which the person is exposed and the likely level of

exposure.

Practical Health Surveillance

Once it is decided that health surveillance is appropriate, it should be maintained during the employee's employment unless the risk to which the worker is exposed and associated health effects are short term. The minimum requirement for health surveillance is the keeping of an individual health record.

Where appropriate, health surveillance may also involve one or more health surveillance procedures depending on their suitability in the circumstances.

HSE has recently launched a suite of web pages providing additional straight forward advice in the area of health surveillance. They can be accessed by the following web link: <http://www.hse.gov.uk/health-surveillance/>

HSE FOOD INDUSTRY CASE STUDIES

SERIOUS INJURY FOLLOWING FALL FROM LADDER

The following case study outlines the prosecution of a chicken processing firm after one of its employees fell from a ladder and broke his back.

Summary

The employee was carrying cladding boards up an unsecured ladder at one of their factories when it slipped from under him and he fell approximately 2.5 metres to the concrete floor. He suffered broken vertebrae in his lower spine which meant he had to wear a back brace and was off work for six months. He has since returned to work but is only able to carry out light duties.

The HSE investigation found that a supervisor at the factory had allowed the employee to help another employee in carrying out a maintenance task, but the work was not adequately planned

and the company had not provided information to its staff on how to use ladders safely.

Action

The company pleaded guilty of breaching Section 2 (1) of the Health and Safety at Work etc Act 1974 for failing to ensure the health and safety of their employees and were fined £3,500 and ordered to pay additional costs of £3,000.

Advice

The prosecuting inspector said: "The employee was taken from his usual duties and asked to carry out a task for which he was neither properly trained nor supervised. As a result he suffered a serious and extremely painful injury which caused him to be off work for months.

"More workers are injured by falling from a ladder than any other access equipment. The company should have been aware of this and ensured that adequate systems were in place so that its employees were not put at risk."

There are a number of guides aimed at improving ladder safety available on the HSE website:

- Safe use of ladders and stepladders - an employer's guide: <http://www.hse.gov.uk/pubns/indg402.pdf>
- A toolbox talk on leaning ladder and stepladder safety: <http://www.hse.gov.uk/pubns/indg403.pdf>
- Top tips for ladder and stepladder safety: <http://www.hse.gov.uk/pubns/indg405.pdf>





UN-GUARDED MACHINE CAUSES SERIOUS INJURY

The UK's biggest producer of pork products was prosecuted after a worker severed two fingers in an unguarded mixing machine. The 60-year-old worker lost the index and middle fingers on his right hand and damaged his ring finger.

Summary

The incident happened as he reached into a mixing bowl while the paddles were revolving, in an attempt to remove a piece of blue plastic that he had spotted while adding seasoning to the mixture.

After several operations and 10 months off work, the man returned to work but due to the loss of nerve endings in his damaged fingers, is unable to do the same job.

The HSE investigation found the mixing machine was not guarded, unlike others at the site which all had an electrically locked gate at the top of a set of access steps. If gates had been in place, they would

have prevented the paddles inside the machine from turning as the seasoning was added. The company had identified the potential dangers of the machine being unguarded during a risk assessment in February 2009 but did nothing about it.

Action

The company pleaded guilty to breaching Regulation 11(1) of the Provision and Use of Work Equipment Regulations 1998 in that they did not prevent access to dangerous parts of the machine. The company was fined £16,000 and ordered to pay additional costs of £4,076.

Advice

The investigating inspector said: "This incident has had a profound effect on the worker. Simple, everyday tasks such as tying shoelaces or doing up buttons have become difficult. He has also had to give up playing cricket for his local team and faces the prospect of further surgery to repair his damaged fingers.

"This incident was entirely foreseeable and easily preventable. The risk could have been removed at no cost to the company by removing the access steps and only using the machine for tasks that did not require feeding from the top. Alternatively they could have provided a new set of locked steps at a cost of £960. Unfortunately, a much larger price has been paid, not least by their employee.

"This case shows that risk assessments are not just about producing pieces of paper. Employers have a duty to act on their findings. If the company had taken prompt action at the time, this incident would not have happened."

HEALTH AND SAFETY AWARDS

We would like to take this opportunity to inform all members of the National Food and Drink Safety Awards. Closing date is the 2nd August 2013 and the details are as stated below.

National Food and Drink Health and Safety Awards 2013

These awards recognise innovative projects that have produced a practical solution to, and made a positive impact on, a health and safety problem in the sector.

Entry is open to anyone working in the food or drink manufacturing industries. Your project must be original and unpublished, and you can enter the awards as an individual or a team.

The first prize is a trophy, certificate and a cheque for £500. At the judges' discretion, one or two runners-up may each receive a trophy, certificate and a cheque for £250.

The awards will be presented at The national food and drink manufacturing conference gala dinner on Tuesday 08 October. We offer the winner or a representative from the winning teams a free conference place, a ticket to the awards dinner, one night of accommodation and up to £100-worth of travel expenses.

For further information or to enter, please download the entry form from www.iosh.co.uk/groups/food_and_drink_group/group_news/spotlight_on_excellence_awar-1.aspx.

For more information, please contact Julie Littlejohns, Networks Officer on +44 (0)116 257 3248 or email julie.littlejohns@iosh.co.uk.

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LEGISLATIVE UPDATE



I. Review of CDM Regulations

The review of the Construction (Design and Management) Regulations 2007 may result in slightly more extensive changes than originally thought.

According to the Association for Project Safety (APS), the Health and Safety Executive (HSE) has indicated that it is considering introducing:

- duties for domestic premises
- applying the CDM requirements to all projects where more than one contractor operates
- removing certain requirements regarding competence in Regulation 4
- replacing the Approved Code of Practice (ACoP) with a series of guidance notes
- replacing the (“up front”) design-phase duties of the current CDM co-ordinator with a new “project preparation manager”.

These proposals were revealed at an HSE presentation in late February 2013. The HSE has stressed that the review needs to be seen as part of a wider examination of health and safety regulation by the Government. The HSE reaffirmed that it is committed to maintaining, or improving standards of worker protection and that it will be considering further stakeholder views before the official consultation period is launched. It is possible that the role of the principal contractor will stay the same.

The HSE is planning to discuss the proposed changes to the CDM Regulations at the next meeting of the Construction Industry Advisory Committee (CONIAC) to be held on Wednesday 17 July 2013.

Barring any last-minute hitches, the HSE plans to then publish a Consultation Document on the proposed changes

for comments from interested parties. The consultation period will be the normal period, for 12 weeks. This will take place during the autumn.

The changes to the CDM Regulations would then be likely to come into effect in late 2014.

II. Consultation on Workplace ACOP

The HSE has launched a new consultation paper on the revision of the ACOP to the Workplace (Health, Safety and Welfare) Regulations 1992.

The ACOP (L24) covers a wide variety of health and safety at work issues and is applicable to most workplaces.

The consultation CD253 A Consultation on the Revised Approved Code of Practice (ACOP) L24 “Workplace Health, Safety and Welfare” seeks views on revisions to the ACOP, which aim to make it easier for employers to understand and meet their legal obligations.

The revision of the ACOP was in response to Professor Löfstedt’s independent review of health and safety legislation, which was published in November 2011. The consultation aims to establish if the changes succeed in making it easier for employers to understand and meet their legal obligations.

Changes made in the revised ACOP include:

- removing out-of-date duties and requirements that are superseded by new regulations
- simplifying the language to clarify what duty holders must do to comply with the Workplace (Health, Safety and Welfare) Regulations 1992
- improving guidance, referring to the most up-to-date and relevant advice
- updating the publication to include the provisions of the Health and Safety (Miscellaneous Amendments) Regulations 2002.

With regard to the final point above, the Workplace (Health, Safety and Welfare) Regulations 1992 were amended in 2002 through the Health and Safety (Miscellaneous Amendments) Regulations 2002. The main changes were in respect of:

- ensuring that work areas and rest rooms were suitable for disabled people
- additional provisions concerning thermal comfort
- a requirement to ensure buildings used as workplaces have a stability and solidity appropriate to the nature of its use.

The consultation closes on 30 July 2013.

III. HSE consults on Legionnaires’ disease

The HSE has launched a new consultation on Legionnaires’ disease and the control of legionella bacteria in water systems.

The consultation presents the text for an updated draft ACOP on Legionnaires’ disease (L8).

Specifically, the HSE is seeking views on whether the draft ACOP text provides legal clarification and proportionate advice in low-risk scenarios.

In addition, accompanying guidance provides advice on achieving compliance, and information of a general nature, including explanation of the requirements of the law, specific technical information or references to further sources of information.

The revised ACOP gives practical advice on the legal requirements of the Health and Safety at Work, etc Act 1974 and the Control of Substances Hazardous to Health Regulations 2002 (COSHH). It applies to the risk from exposure to legionella bacteria and includes information of a general nature including explanation of the requirements of law.

The key changes include:

- some guidance assigned ACOP status to clarify legal requirements where there is an accepted industry method of compliance
- text which has been changed from ACOP to guidance status where the changes do not impact on practical compliance requirements
- simplified terminology
- an emphasis on proportionality in low-risk scenarios.

CD258 — Consultation on Legionnaires' disease: The control of legionella bacteria in water systems (L8) began on 3 June and will finish on 23 August 2013.

IV. Cuts to red tape come into force



The Government's Business Minister Michael Fallon has welcomed the coming into force on 6 April 2013 of dozens of cuts to "red tape", including several health and safety regulations, as a "boost for business".

Many of the reforms have been identified by the Government through its Red Tape Challenge, which invites firms to give their views on which regulations should be improved or

scrapped.

Changes pertaining to health and safety include:

- deregulatory changes to building regulations
- reforms to reduce administration on low-risk electrical works
- revised guidance on requirements for access to buildings, glazing and protection from falling
- the removal of a raft of "redundant or unnecessary" health and safety regulations in areas including celluloid film, shipbuilding and ship repair.

A source at the Department for Business, Innovation and Skills (BIS) said that abolishing "pointless regulations affecting the sale of goods will free up valuable time for retailers and give more clarity to consumers". For example, the age at which Christmas crackers can be bought is being lowered from 16 to 12.

Similarly, regulations specifying the quantities of heavy metals in pencils, and redundant measures to prevent arsenic getting into food are also being abolished. The BIS says that product and food safety is now covered by modern legislation, reflecting latest technological knowledge and ensuring comprehensive consumer protection.

Commenting on the changes, Michael Fallon said, "Setting business free from the restrictions that hold back enterprise is a compulsory step on the road to growth. We've listened to firms and taken prompt action where regulation presents barriers — but there is a huge amount still to do. We will quicken the pace by launching a new phase of the Red Tape Challenge this summer, focusing on key areas for growth."

A full list of the changes can be accessed in the Fifth Statement of New Regulation at www.gov.uk.

V. HSE publishes details of proposed RIDDOR changes

The Health and Safety Executive (HSE) has published details of proposed changes that will simplify the mandatory reporting of workplace

injuries for businesses.

Changes to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 will clarify and simplify the reporting requirements, while ensuring that the data collected gives an accurate and useful picture of workplace incidents.

To allow businesses time to familiarise themselves with the changes, HSE has published information to support dutyholders with the requirements which, although on track for implementation from October, remain subject to Parliamentary approval.

The information is available on the HSE website at: <http://www.hse.gov.uk/riddor/october-2013-changes.htm>

The main changes will be to simplify the reporting requirements in the following areas:

- The classification of 'major injuries' to workers replaced with a shorter list of 'specified injuries'
- The existing schedule detailing 47 types of industrial disease to be replaced with eight categories of reportable work-related illness
- Fewer types of 'dangerous occurrence' will require reporting

There will not be any significant changes to the reporting requirements for:

- Fatal accidents
- Accidents to non-workers (members of the public)
- Accidents resulting in a worker being unable to perform their normal range of duties for more than seven days

The changes will require fewer incidents to be reported overall and it is estimated that they will result in a net benefit to business of £5.9 million over a ten-year period.

They will not alter the current ways to report an incident at work and the criteria that determine whether an incident should be investigated will remain the same.

Q & A'S

In this feature we answer your Health and Safety questions, big or small. If you have a question please contact Joanna Hancock on e mail joannahancock@bff.co.uk. Questions will be answered anonymously.



I. Protective clothing for cold stores

Q. I am trying to source some protective clothing for our cold store workers. Are there any British Standards that I should be aware of?

A. There are two standards that relate to cold store protective clothing.

The first is **BS EN 340:2003 'Protective clothing, general requirements'**. Being an EN (European Normative) this means that it has been adopted as a European standard by the EU and is applied across member states including the UK. EN 340: 2003 primarily covers general requirements for protective clothing including:

Basic health and ergonomic requirements (innocuousness, design, comfort)

- Ageing (colourfastness, general change due to cleaning, washing & drying methods)
- Size

The second standard is **BS EN 342: 2004 'Protective clothing, ensembles and garments against cold'**. This standard covers similar ground to the previous standard but with an emphasis on cold environments (-5°C).

II. Assessing the effectiveness of in-house training

Q. My organisation delivers a range of health and safety courses in-house as part of employee induction and continuing professional development. How can we ensure that the courses have been successful and decide when refresher training are required?

A. The provision of information, instruction and training in health and safety is a legal requirement, but also makes good business sense. The HSE states that "training helps people acquire the skills, knowledge and attitudes to make them competent in the health and safety aspects of their work".

The purpose of any learning and development opportunity is for those attending to assimilate the information provided so as to improve or affirm their knowledge and understanding of the course's subject matter.

As the Institution of Occupational Health and Safety (IOSH) notes, the most important outcome of any health

and safety course is for the achieved learning to be "transferred and applied to the workplace".

As such, the success of any course must be assessed. This will enable the course facilitator to determine whether those attending have attained skills or knowledge to the required level.

There are many ways to assess the training both during the course (formative assessment) and at the end of the course (summative assessment). Methods can include completion of formal indicators such as multiple-choice questions, tests or assignments. Informal methods may include self-assessment, worksheets or group discussions. The important factor is that the assessment method suits the delegates' and course needs.

Assessment of learning outcomes can also be undertaken in the workplace following the training courses. Course evaluation forms completed by those attending may highlight any areas that those attending feel need to be reviewed or changed so as to improve outcomes.

IOSH suggests that, in order to assess how successful training has been, "managers can agree objectives with staff before they begin a course" and that "at a suitable point after the course, staff and managers can then evaluate how far the training has helped to meet the objectives".

Knowledge gained through training can decay for a number of reasons, eg introduction of new procedures. As such, refresher training may be required periodically.

IOSH suggests that staff appraisal can be used as a way to "review their staff's key competences, identify any gaps, and plan activities to renew or add to them". Reactive data from accidents and near misses may also identify training needs. Finally, employees should be encouraged to raise concerns with their managers if they feel that they require additional or refresher training.

GUIDANCE



I. New safety signs are now law

BFFF members are urged to be aware of new EU legislation standardising workplace signage across Europe.

The previous standard, ISO 7010, only promoted the use of internationally recognised symbols on safety signs. The changes, which came into force in January this year, saw this standard become EN 7010 and what was a recommendation is now written into EU law and, by extension, UK law. EN 7010 replaces the previous British Standard on safety signage, BS 5499.

Martyn Lowe, QESH Advisor at Slingsby, explains: “The motivation for these changes is that every country has a growing population of non-native speaking employees so text-based signs, or those with unfamiliar pictures, might not be understood.”

The legislation aims to create a universal safety language without relying on text by using refined safety pictograms that are less ambiguous than those on previous safety signage. Signs may still utilise text but the pictogram must comply with EN 7010.

“Standard signs featuring highly comprehensive symbols will be used on all signage throughout Europe,” says Lowe, “so an emergency exit sign in Birmingham looks exactly the

same as it would in Budapest.”

It is not necessary to immediately replace all signage (despite what suppliers of safety signs might say!) but members are advised that:

- a) A balanced approach to replacement is needed based on what is reasonable and proportionate in terms of risks, costs, money, time and effort vs. the benefits.
- b) It is sensible to have a strategy and plan that you can work to and can demonstrate evidence to enforcing authorities such as the fire service.
- c) The need for signage is identified through the risk assessment process so it is wise for a competent person to revisit and review any risk assessments that cover signage.
- d) Responsible persons must implement the program of change.
- e) Signage relating to higher risk issues should be replaced first e.g. fire fighting/alarm/evacuation.
- f) In practical terms the risk in some places may determine the time scale to be 12 months or more. In high risk workplaces it might be sooner. Whatever is decided it should be substantiated and recorded as part of the formal health and safety management arrangements.
- g) Signs bought in the last few years may already be EN 7010 compliant as most manufacturers have been producing signs to the standard for some time.

II. Which aspects of work cause the most stress?

A new survey commissioned by the European Agency for Safety and Health at Work (EU-OSHA) has revealed that job insecurity or job

reorganisation is the most common cause of work-related stress.

The findings were part of the third edition of a pan-European opinion poll conducted for the European Agency.

The poll found that around half of workers across Europe (51%) perceive that work-related stress is common in their workplace, with 16% saying it is “very common”. In addition, 4 in 10 workers said that work-related stress is not handled well at their workplace.

Female workers were more likely than male workers to say that work-related stress is common (54% as opposed to 49%), as were workers aged between 18 and 54 (53%), compared with workers aged over 55 (44%).

Respondents also identified job insecurity or job reorganisation (72%) as the most common cause of work-related stress across Europe, followed by hours worked or workload (66%).

Perceptions of work-related stress varied by sector, with those in health or care work being the most likely to say cases of work-related stress are common (61%).

Commenting on the survey, Christa Sedlatschek, Director of the Agency, said, “41% of workers across Europe say that work-related stress is not handled well in their workplace, with 15% telling us it is handled ‘not at all well’. We are very much focused on tackling psychosocial risks, such as stress, in the workplace.”

She added, “Next year we will launch our Healthy Workplaces Campaign on ‘Managing Stress’. The message to be conveyed across European companies of different sizes and sectors is that psychosocial risks can be dealt with in the same logical and systematic way as other health and safety issues.”

Further information on the survey can be accessed at <https://osha.europa.eu>.

III. HSE's National Enforcement Code launched

A new code which came into effect at the end of May effectively bans local authorities from carrying out “unnecessary” health and safety inspections.

The Health and Safety Executive's statutory National Enforcement Code for local authorities will instead require proactive council inspections on higher risk activities in specified sectors, or when there is intelligence of workplaces putting employees or the public at risk.

Employment Minister Mark Hoban explained: “We need health and safety that protects people where there are real risks but doesn't stifle businesses. There are too many examples of local councils imposing unnecessary burdens by inspecting low risk businesses.”

This new code should put a stop to this, he went on, by putting common sense back into the system.

While tens of thousands of businesses will be removed from health and safety inspections which are not justified on a risk basis — including most shops and offices — checks will continue on poor performers and at sites where there are higher risk activities.

These include cooling towers, where life-threatening legionella bacteria can develop, and High Volume Warehousing/ Distribution facilities with the hazards associated to these workplaces i.e. workplace transport.

The new code has been backed by the Federation of Small Businesses which stressed that low-risk, compliant businesses should be able to concentrate on growth.

If such businesses believe they are being unreasonably targeted, they will, the HSE said, be able to complain to an independent panel, which will investigate and issue a public judgment.



IV. Changes to first-aid regulations: draft guidance issued

The Health and Safety Executive (HSE) has issued two new sets of guidance ahead of proposed changes to the Health and Safety (First-aid) Regulations 1981. The changes to the Regulations come as part of the Löfstedt review, which recommended that “the Health and Safety (First-aid) Regulations 1981 should be amended to remove the requirement for HSE to approve the training and qualifications of appointed first-aid personnel.”

The report also noted that “this requirement seems to have little justification, provided the training meets a certain standard”, noting further that the HSE approval process went beyond the minimum requirement laid out in EU legislation.

New regulations

The new first-aid regulations are expected to come into force in October 2013, and the issue of the new guidance gives both employers and training providers the opportunity to consider the changes, take any necessary action and comment on the changes to the HSE. The HSE has welcomed the changes, pointing to greater flexibility for employers as a major advantage. HSE policy advisor Peter Brown said:

“Removing the HSE approval process will give businesses greater flexibility

to choose their own training providers and first-aid training that is right for their workplace, based on their needs assessment and their individual business needs. The draft guidance documents aim to provide practical support to help businesses assess and understand their first-aid needs and find a provider best suited to them. HSE has used the feedback from the recent consultation exercise to shape the guidance, but would welcome any further feedback on the guidance before the regulations come into place.”

It is important to note that, until the changes come into effect, employers still need to ensure that their first-aid training is only carried out by training providers that have been approved by the HSE.

It has always been the case that employers need to make an assessment of their first-aid provision based upon the risks and situation particular to them. For example, the level of first-aid provision may depend upon the work activities and processes carried out; the number and distribution of employees; and proximity to emergency services. This requirement will not change. Under the new proposals, employers will no longer be required to use an approved first-aid training provider; but they will have to be able to justify the provider they do select.

Selecting a training provider

The new guidance requires employers to justify their selection of first-aid trainers based upon a “due diligence” test of prospective training providers in order to select a competent provider. The guidance indicates that the training provider may be available from a number of sources. Some first-aid training providers may choose to operate through voluntary accreditation schemes or industry bodies whose intention is to set and maintain standards in line with the requirements of the HSE. Other training providers may choose to operate independently of any such scheme. First-aid training is also available from the Voluntary Aid Societies (St John Ambulance, British Red Cross and St Andrew’s First Aid).

The effort needed for the due diligence (“reasonable investigation”) in selecting a training provider should be in proportion to a provider’s chosen route to delivery or industry affiliation. The guidance indicates that there may be a “ready-made” assurance when considering those Voluntary Aid Societies since they “are together acknowledged by HSE as one of the standard setters for currently accepted first-aid practice, in so far as they relate to the topics covered in First Aid at Work and Emergency First Aid at Work training courses. The Voluntary Aid Societies also work to similar principles of assessment, and employ a similar hierarchy of policies and processes to ensure training quality standards, to those of regulated qualifications.”

If an employer chooses to use an independent training provider with no affiliations, then a more in-depth investigation may be required as part of the “due diligence” test. The guidance indicates that in such cases all of the following criteria should be used as part of the due diligence test.

- The qualifications expected of trainers and assessors.
- Monitoring and quality assurance systems.
- Teaching and standards of first-aid practice.
- Syllabus content.
- Certification.

There is in fact no requirement for employers to record the due diligence checks carried out, but it “may be useful to retain a written record” so that it is possible to justify the selection of a particular training provider to, for instance, an HSE or Local Authority inspector.

The guidance provides pro forma checklists and questions that can be used by employers to carry out the due diligence test. The information covers the five areas indicated above.

Comment

Employers should not be daunted by the proposed new requirement to select a competent training provider for first-aid training. It is no different to selecting a trainer for any type of health and safety training. However, employers may be tempted to use those providers with “ready-made” assurance as indicated in the guidance, and private independent providers may be at a disadvantage.

V. HSE launches health surveillance online guidance

HSE have launched new online guidance aimed at employers to help them understand their responsibilities for health surveillance.

The guidance makes it easier for employers to decide whether their workers need health surveillance, how to go about it and how to use the results. It also makes it clear when specific health surveillance is not needed i.e. low risk activities.

Paul Beaumont, HSE’s policy lead for health surveillance, said:

“We know from our work with industry that some businesses can be unclear about when health surveillance is needed and how to implement it, so are deterred from taking action.

“Other companies could be wasting money unnecessarily by implementing it where it’s not needed.

“This new guidance, developed with industry, should help take any mystery away and give employers the confidence to know whether or not health surveillance is appropriate.

“Ultimately, better targeted health

surveillance can lead to a healthier workforce and a more productive business.”

The new online guidance replaces HSG61 “Health Surveillance at Work” and can be found online at <http://www.hse.gov.uk/health-surveillance/index.htm>

VI. Lift truck update summary

HSE have released a number of new publications relating to lift trucks:

- L117 Rider-operated lift trucks: Operator training and safe use. This updated ACOP includes some of the guidance from HSG6 Safety in working with lift trucks (and replaces HSG6), for example, information about lift truck features; guidance on the safe use of lift trucks and how to protect pedestrians; and guidance on the maintenance and thorough examination of lift trucks. It also supersedes COP 26 entitled, ‘Rider operated lift trucks: operator training.’
- INDG 457 Use lift trucks safely: Advice for operators. A new pocket card aimed at lift truck operators which covers operating, people, loads and slopes.
- INDG 462 Lift truck training: Advice for employers. A new leaflet aimed at employers of lift-truck operators which covers the legal aspects and explains who should be trained, who to consult, what training should include, authorisation, monitoring and assessment, refresher training, conversion training, keeping records, supervisor training and how to choose an instructor.

It is worth noting that HSE no longer approves accredited lift truck training providers (ATPs). Nevertheless BFFF still recommends that its members use ATPs for their training needs as accredited training helps to ensure that the training provided is at least in keeping with the requirements of the relevant ACOPs and guidance. For more information see <http://www.hse.gov.uk/workplacetransport/factsheets/hscrecognition.htm>.

VII. Lift truck regulation changes and effect

The following article from the Fork Lift Truck Association (FLTA) looks in more detail at what these changes mean for Businesses.

FLT regulation changes:

What do they mean for you?

In March, the Health & Safety Executive issued its long-awaited update to fork lift truck safety **guidelines, Rider-operated lift trucks. Operator training and safe use. Approved Code of Practice and Guidance (L117)**. For more information see <http://www.hse.gov.uk/pubns/books/l117.htm>

The revised documentation is aimed at employers and those responsible for ensuring safe operations, including those who are in control of worksites – including the self-employed, managers, and supervisors. Importantly, it is made very clear that the onus is on the employer to ensure the safest working environment.

L117 outlines the main legal requirements relating to the operation of lift trucks, and contains the Approved Code of Practice (ACOP) and guidance on operator training for stacking rider-operated lift trucks. However, it is important to note that, although the ACOP text relates to stacking rider-operated lift trucks, as

an employer your duty under PUWER 98 is to ensure that operators of all types of lift truck are properly trained:

“Operators of types of truck not covered by the ACOP text, for example pedestrian-operated trucks, ‘stand-on’ pallet trucks that do not lift materials for stacking, and straddle carriers, will also need training. The advice given in the ACOP text and the guidance on training can be used as an indication of the standard of training to provide for all types of lift truck.”

The crucial point is that employers must meet their legal obligation to ensure that all operators receive adequate training.

Importantly, the revised version of L117 clarifies the law for employers in coincidence with the HSE acquiring greater powers. While their ability to intervene, and bring a company’s safety up to scratch, is nothing new, they can now charge for the privilege. HSE charges a standard fee of £124 per hour to resolve material breaches of the law.

Clearly, it’s now more important than ever that you know your responsibilities as an employer. With that in mind, let’s take a look at what’s changed.

The new documentation incorporates some of the information contained in **Safety in working with fork lift**

trucks (HSG6), fully replacing it.

In addition, the publication also offers guidance on:

- the characteristics of a lift truck that should be considered;
- the safe use of lift trucks, including how to protect pedestrians;
- maintenance and Thorough Examination of fork lift trucks.

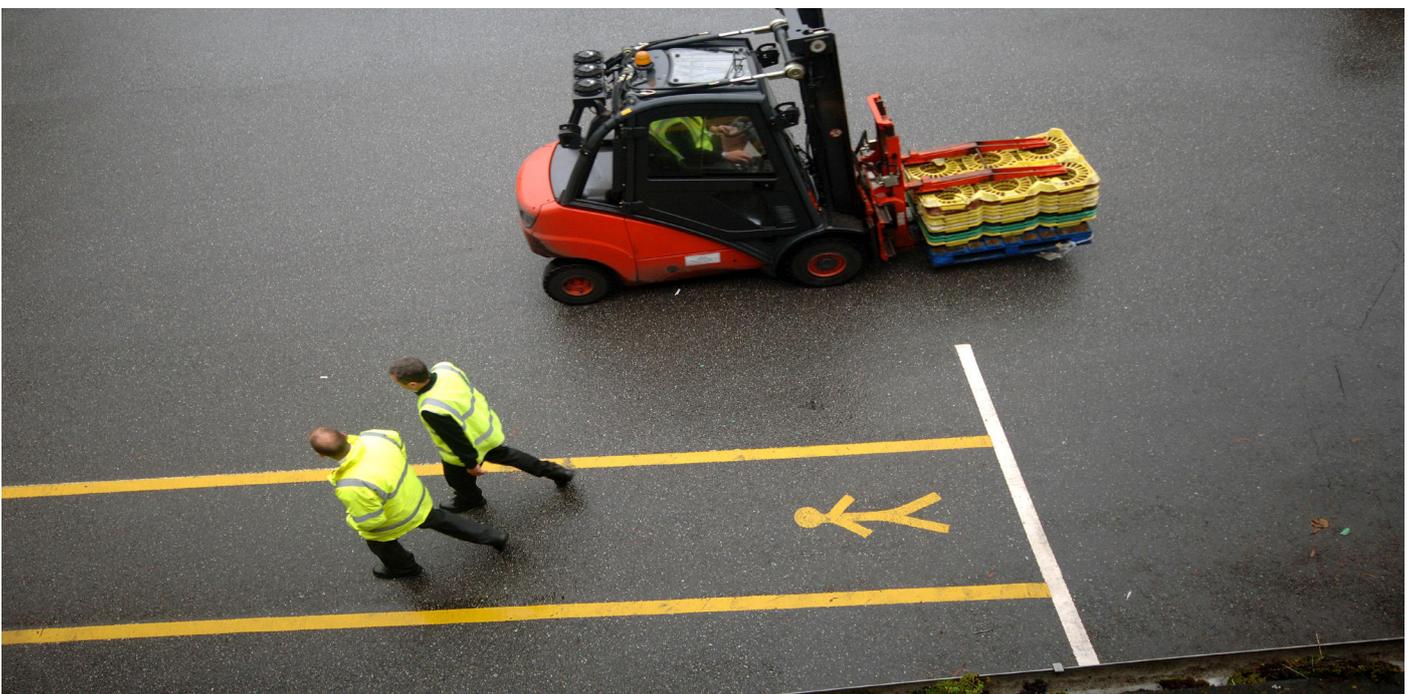
With the updated L117 come four key considerations for those responsible in ensuring safe operations, each of which are outlined below.

Refresher training

Once an employee is trained, how long is that training valid? Contrary to popular belief, there is actually no legal requirement for fork lift truck operators to receive refresher training at specific intervals.

Even the best fork lift operators can, if left unchecked, become complacent with safety measures or develop bad habits over time.

Reassessment allows employers the opportunity to identify and address such lapses before they lead to potentially serious accidents. The new guidelines recommend automatic refresher training or a retest after a set period of, for example, three to five years as the best way to ensure employees remain competent.



When set refresher training is adopted, managers and supervisors must still monitor performance, in case operators need extra training before the end of the set period.

In addition to this, formal re-assessment is likely to be needed where truck operators:

- have not used trucks for some time;
- are occasional users;
- appear to have developed unsafe working practices;
- have had an accident or near miss;
- have changed their equipment or environment.

Online re-assessment tools, such as Virtual Risk Manager – FLT, enable managers and supervisors to quickly and objectively identify the most at-risk operators, and issue refresher training accordingly. Such strategic training saves time and money, while ensuring optimum levels of competence and safety. For more information on the benefits of this tool, visit the FLTA website.

The 'Example of employer's training record' within the L117 appendices has been amended to include details of refresher training.

Supervisor training

The importance of supervisor training is covered by the Health & Safety at Work Act. However, it is now considered so important, that the L117 now mentions it, too. It's important to note that, unlike some other guidelines, this is not a recommendation – it's a solid requirement:

The HSW Act requires you to provide adequate supervision. It is essential that supervisors have enough training and knowledge to recognise safe and unsafe practices. This does not mean they need full operator training, but they do need to understand the risks involved, and how to avoid or prevent them. Some organisations offer training courses for supervisors and managers of lift-truck operations.

Supervisors should be able to:

- carry out an effective observation and know what to look for;
- communicate effectively with operators and line managers;
- recognise unsafe practice and behaviour;
- maintain and promote health and safety standards.

Daily or Pre-shift checks

While this isn't strictly a new addition to the L117, its importance warrants inclusion here.

The revised guidelines state that, at the beginning of each shift, operators should check their lift truck in accordance with the vehicle handbook, and document the findings. Any defects identified which could affect the safe operation of the vehicle must be reported to a supervisor to ensure they are fixed.

Resources to assist in vehicle checks – including guides, checklists, and pads of inspection forms – are available through the FLTA online shop.

Medical considerations

Disabilities (mental or physical) do not automatically disqualify an individual from being a fork truck operator.

Fitness for such work should be evaluated on a case-by-case basis, through risk assessment and medical advice.

The latest L117 guidelines suggest that the DVLA's publication, *At a glance: Guide to the current medical studies of fitness to drive*, can be applied to all fork trucks – not just to those operating on public roads.

Guidelines recommend that operators possess a standard of fitness equivalent to that required of an ordinary driving licence.

However, for more technical work, such as demanding environments, night driving or moving hazardous materials, it is suggested that lift truck drivers possess a level of fitness equivalent to that of a heavy goods vehicle (HGV) licence holder.

While the HSE does not demand medical assessments to determine fitness to operate a fork lift, the new guidelines suggest that managers may wish to screen potential operators before placement. From there, employers could administer medical examinations according to the DVLA's HGV licence requirements – every five years for operators over the age of 45, and every year for those over the age of 65.

As ever, medical advice should always be sought if there is any doubt as to a person's physical or mental fitness to safely operate equipment.

The Fork Lift Truck Association is the UK's independent authority on fork lift trucks. For more information on joining the Safe User Group call 01635 277579 or visit www.fork-truck.org.uk.

Our thanks go to Owen Delaney, Technical Manager of FLTA for this article.



ENFORCEMENT ACTION



I. Employer jailed following death of worker

A Tyneside firm and one of its directors have been fined and a County Durham man jailed after a worker fell to his death from a cherry picker.

Ken Joyce, 53, was working for Allan Turnbull at the time of the incident. He was dismantling the structural steelwork of a roof at the Swan Hunter Shipyard in Newcastle when a falling roof beam knocked over the cherry picker in which Mr Joyce was standing. He suffered fatal head injuries.

A joint investigation carried out by Northumbria Police and the Health and Safety Executive (HSE) established that North Eastern Maritime Offshore Cluster Ltd (NEMOC) had sub-contracted the dismantling work to Allan Turnbull. During the trial, the jury was told that NEMOC and its director, Christopher William Taylor, failed to ensure the safety of its workers by not checking that Mr Turnbull had the necessary competence to carry out the work.

The police and HSE investigation found that Allan Turnbull did not plan the work adequately or ensure a

safe system of work was in place for dismantling the steelwork.

Following the trial Allan Turnbull, 61, was found guilty of gross negligence manslaughter and sentenced to three years in prison. NEMOC was fined £1 for each offence after it was found guilty of breaching ss.2(1) and 3(1) of the Health and Safety at Work, etc Act 1974. The company is now in liquidation. Its director, Mr Taylor, was also found guilty of breaching ss.2(1) and 3(1) of the Health and Safety at Work, etc Act 1974 and was fined a total of £30,000 and ordered to pay £50,000 costs.

HSE Inspector Emma Scott commented on the case: "This was a tragedy that could easily have been prevented had a safe system of work been in place. I hope other companies can learn from this and ensure they take the necessary action to deal with the high risk involved with work of this nature."

II. Food manufacturer fined after worker loses thumb

A food manufacturing company in Wales has been fined after a worker lost his thumb in an unguarded machine.

In December 2011 the employee was working at the company's site near Newport, South Wales. He was clearing a blockage from a potato sorting machine while it was running. His gloved hand became caught between the rollers of the machine and his thumb was severed.

The normal procedure for clearing such blockages was by using a long-handled pole. This method was not always followed.

The company was fined £8000 plus £6900 for a breach of regulation 11(1) of PUWER.

A Health and Safety Executive inspector commented after the case that the law clearly states that employers should take practicable steps to protect employees from harm arising from their work. In the case of machinery, moving parts that could cause injury should be guarded or made safe so that people cannot come into contact with dangerous moving parts. Non-routine operations such as cleaning or maintenance are not exempt from this requirement.

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